

tifications of an early decease will be more utterly confounded.

It was significant that in this well devised discussion, the matter of treatment should have occupied a comparatively inconspicuous place. This is as it should be, in a condition whose causation is so variable and so incompletely understood. Electrotherapy as a means of reducing high blood pressure, was given some prominence: it was stated that this method was not to be regarded as a cure, but still, in patients presenting a certain group of symptoms associated with hyperpiesis, electricity, properly administered could be relied on to do a great deal.

More important, possibly, may be the part played by preventive medicine, especially in the hyperpiesis of the young, a point particularly brought out by Lord Dawson of Penn. He showed that there was a small but appreciable number of such cases; in some of them it might be merely a temporary peculiarity of function, but in others it might be the precursor of a pathological condition. He suggested that such potential hyperpietics could receive educational treatment, and have a reasonable amount of direction in their careers.

H. E. MACDERMOT

INTRACARDIAC SURGERY

THE question of surgical interference in certain cardiac lesions, notably in mitral stenosis, is one that is occupying the attention of many investigators. The work of H. S. Souttar, C.B.E., of London, as published in a recent issue of the *British Medical Journal* is worthy of more than passing notice. He reports success in a case of mitral stenosis operated on by the auricular route. The operation may be briefly summarized as follows: under intratracheal ether anaesthesia he made a "trap door" opening in the chest wall, and a vertical incision of the pericardium along its left anterior border. The left auricle was pulled forward and the finger introduced through an opening in its tip. It was intended to divide the valve by a guarded hernia bistoury passed along the finger, but this was not done as the passage of the finger apparently gave a sufficient opening. The opening in the auricular appendage was then sutured, and simple closure of the pericardium and chest wall completed the operation. The postoperative course was uneventful and the patient was apparently greatly benefited by the procedure.

This appears to be the first successful case in which the approach was made by

opening the auricle. Cutler, Levine and Beck have reported one case of mitral stenosis which was successfully operated on by the ventricular route, using their specially devised valvulotome. Mention should also be made of the experimental work of Allen and Graham in connection with direct examination of the valves by means of their cardioscope, pioneer work along the same lines having been attempted by Rhea and Walker in 1913.

As recently as 1883 Billroth declared that "no surgeon who wished to preserve the respect of his colleagues would ever attempt to suture a wound of the heart." And even as late as 1902, when Sir Lauder Brunton suggested that "the good results that have been obtained by surgical treatment of wounds of the heart emboldens one to hope that before very long similar good results may be obtained in cases of mitral stenosis," he was greeted with a storm of criticism.

When such pessimistic views are recalled, it is not, we believe, too much to hope that the work of Souttar, together with that of the American investigators, may prove a very important milestone on the road to successful cardiac surgery.

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